



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS, & MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, GA 31217-3558
(478) 207-2440 (Telephone) (866) 888-7130 (Fax)
www.sos.state.ga.us/plb/counselors

APPLICATION FOR DUPLICATE IDENTIFICATION CARD

INSTRUCTIONS:

- ☐ Please type or print clearly.
- ☐ Complete all information requested.
- ☐ Attach fee of \$25.00. Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to O.C.G.A. § 16-9-20.
- ☐ Return to the Board at the above address.

NAME: _____
Last First Middle Maiden

___ Yes ___ No Have you changed your name since your original identification card was issued? If, "yes," enclose a copy of the marriage license/certificate, court order or other document of legal name change.

v CHECK CATEGORY:

___ Associate Marriage and Family Therapist ___ Marriage and Family Therapist
___ Associate Professional Counselor ___ Professional Counselor
___ Master Social Worker ___ Clinical Social Worker

LICENSE/REGISTRATION NUMBER:

DATE ISSUED:

I hereby apply for a Duplicate Identification Card and enclose the fee of \$25.00.

The circumstances of the loss, mutilation or destruction of my original identification card are as follows:

Date Signature of Applicant

Sworn to and Subscribed before me this
_____ day of _____ 20____.

Notary Public
My Commission Expires _____ NOTARY SEAL